## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10590235

APPLICANT(S)

FILING DATE

CI.	. Α	TN	AS.

	AS FILED		AFTER 1*AMENDMENT			AFTER 2 MAMENDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		,				
3		<del>                                     </del>		·		<u> </u>
4	<u> </u>	1/				ļ:
5						
6		/_,				·
8	<del> </del>	<del>                                     </del>			١.	
9	<del> </del>	<del>                                     </del>				
10	<del>                                     </del>	1.1	<u> </u>			
11						
12						
13						
14 15		·				<u>.                                    </u>
16				· · ·		
17						
18						
19						
20 21						
22		i				
23						
24						
25						·
26						
27	· · · · · ·					
28		<del></del>				
30		<del></del> {				
31						
32				· ·		
33						
34						
35						
36						
37 38						
39				-		
40			<del></del>			
41						
42						
43						
44						
45 46					<del></del>	
46	····					
48	<del> </del>			<del></del>		
49						
50						·
TOTAL IND.	2			1		L
TOTAL		_		<b>~</b>		<b>*</b>
DEP.	9	-		<del> </del>		<b>(=</b>
TOTAL CLAIMS	11					